KNOWLEDGE, ATTITUDE, BEHAVIOUR AND PRACTICES (KABP) SURVEY OF MALE REPRODUCTIVE AND SEXUAL HEALTH AMONG TRUCKERS AND CLEANERS/HELPERS IN THREE CITIES OF JHARKHAND

Submitted to: CEDPA/India

By:
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A Division of ACNielsen ORG-MARG Pvt. Ltd.

June 2003

This project was conducted with support from the Office of Population and Reproductive Health, Bureau for Global Health, US AGENCY FOR INTERNATIONAL DEVELOPMENT and USAID/Ghana under the terms of Cooperative Agreement No. HRN-A-00-98-00009-00.

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PREFACE

We at the ORG Centre for Social Research appreciate the help provided by The Centre for Development and Population Activities (CEDPA) during the study in terms of questionnaire designing and training arrangements.

We would also like to thank Krishi Gram Vikas Kendra (KGVK) and the three regional co-ordination centres of the Jharkhand AIDS Prevention Consortium (JAPC) for taking up the complete responsibility for selecting field staff, collection of data from the sites in the three cities of Ranchi, Bokaro and Jamshedpur, executing and monitoring the fieldwork and carrying out back checks for quality control of data.

We would also like to thank the State AIDS Control Society (SACS), Government of Jharkhand, for its constant support and encouragement.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioural Surveillance Survey
CEDPA	Centre for Development and Population Activities
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
IEC	Information, Education and Communication
JAPC	Jharkhand AIDS Prevention Consortium
KABP	Knowledge, Attitudes, Behaviour and Practices
KGVK	Krishi Gram Vikas Kendra
NACO	National AIDS Control Organisation
ORG CSR	ORG Centre for Social Research
RCC	Regional Co-ordination Centres
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SACS	State AIDS Control Society
TI	Targeted Intervention
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

EXECUTIVE SUMMARY

This study examines awareness and behaviours related to reproductive health and HIV/AIDS among truckers and their cleaners/helpers in the cities of Ranchi, Bokaro and Jamshedpur in the State of Jharkhand, India. The objectives of this study were:

1. To determine knowledge, attitudes, behaviour and practices (KABP) about reproductive and sexual health among truckers and cleaners/helpers.

2. To determine the level of HIV/AIDS awareness and practice of risky behaviours among truckers and cleaners/helpers.

3. To assess the services desired by truckers/helpers at the male clinic and their willingness to pay for the services.

Methodology

- The Jharkhand AIDS Prevention Consortium (JAPC), Krishi Gram Vikas Kendra (KGVK) and CEDPA selected the three cities of Ranchi, Bokaro and Jamshedpur for the KABP study. Fieldwork was carried out in the three cities from 1 to 7 February 2003.

- About 10 sites across the three cities were covered in the survey. The sample frame consisted of respondents who came to the study site during the day. Respondents were selected randomly from this potential pool of respondents.

- Truckers were defined as those engaged in transport of goods through roadways from one place to another. Cleaners/helpers were defined as those persons who travel with the truckers and are responsible for maintenance and other odd jobs.

Results

Respondents Profile

- Of the total sample of 299 truckers, cleaners and helpers, 99 respondents each were from Bokaro and Ranchi, while 101 respondents were from Jamshedpur.

- Three in five respondents (64 percent) were from Bihar and Jharkhand. Two-thirds of the respondents (66 percent) were originally from rural areas.

- Overall, most respondents travelled long distances of over 500 kms away from home. Only about 12 percent of the respondents travelled less than 500 kms per trip. As a consequence of long distances travelled, a large proportion of respondents spent several months at a time away from home.

- Nearly all (95 percent) of the respondents stated that their regular halting points were *dhabas* (roadside eating joints). However, a large proportion of respondents (91 percent) from Bokaro stated truck loading and unloading points or *mandis* to be their regular halts compared with 73 percent in Jamshedpur and 62 percent in Ranchi.

Awareness of HIV/AIDS, Prevention and Incurability

- More than four in five respondents had heard of HIV/AIDS. However, just over half of the respondents knew that AIDS could be prevented, and only one in five were aware that HIV/AIDS is incurable.

- Overall, 14 percent of the target respondents knew someone who was infected with HIV.

- In total, more than one-third felt that families would accept another member if s/he is infected with HIV, and about one-fourth felt that the community would also accept such persons.

Modes of Transmission and Prevention

- More than three-fourths of the respondents reported that HIV is transmitted through sexual contact and through blood transfusions. Knowledge of transmission through needle sharing was slightly lower at 73 percent. Fewer respondents were aware of vertical transmission (from pregnant mother to her unborn child) (69%) and transmission through breast-feeding (54%).

- Knowledge of prevention through sexual abstinence was higher among respondents (74%) than of other modes of prevention, such as consistent condom use (64%) or having one faithful uninfected sexual partner (59%).

- Overall only 8 percent of the respondents had correct knowledge regarding all three facts about HIV transmission:

    1. HIV cannot be transmitted though sharing meals with an infected person.
    2. HIV is not transmitted through mosquito bites.
    3. A healthy-looking person can be infected with HIV.

Testing Facility

- Few respondents were aware of HIV testing facilities around the place of interview.

Awareness and Prevalence of STDs

- Fewer than three in 10 respondents were aware of STD symptoms, and few respondents reported having STD symptoms. About 6 percent of them reported genital discharge and genital ulcers/sores in the last year.

- Among those respondents who reported having STD symptoms in the past year, about one-third (36 percent) stated that they undertook treatment in private health facilities or clinics.

Awareness of Methods of Family Planning

- About 80 percent of the respondents had heard of family planning. The family planning methods best known to respondents were: condoms, female and male sterilisation, oral pills and IUDs.

- Of those respondents who were aware of FP, more than half had ever used family planning methods. Female sterilisation is the most common form of contraceptive currently used among respondents, followed by condom usage.

Condom Awareness

- Nine in 10 respondents had ever heard of or seen a condom. Fewer than 10 percent were aware that condoms could be used to prevent HIV/AIDS and STIs.

- Of those respondents who had ever seen or heard of a condom, nearly three in five had obtained condoms from pharmacies. Two-fifths of this group of respondents needed to travel less than 15 minutes to get condoms.

Sexual Behaviour and Condom Use

- About 8 percent of the respondents reported consistent condom use with their regular sexual partners in the year before the survey.

- Overall, nearly one-third of the respondents had sex with non-regular partners in the last year (28 percent). Of these, about half (45%) had at least two to three partners. The largest proportion of respondents who reported sex with a non-regular partner in the past year (about 80 percent) had sexual experiences with commercial sex workers.

- More respondents in the age group of 18–39 had sex with non-regular partners. The highest proportion of respondents between the age of 25-29 years had sex with non-regular partners (46 percent). In the 35 to 39 age group, nearly two thirds (65 percent) had at least 2–3 non-regular sexual partners, and in the 18–24 group, more than half (56 percent) had 2-3 partners.

Time Spent Away From Home and Sexual Behaviour

- About 80 percent had sex outside their regular relationships while on travel.

- Most respondents reported having sex with non-regular sex partner during their travel more than week or fortnight. Nearly two-fifths of the respondents who were away for 5 to 12 weeks had non-regular sex partners.

- About three-fifths of the respondents had used condoms at last sex with their non-regular partners. Consistent condom use was reported by over a third of the respondents.

Sex with a Male Partner

- Altogether, about 8 percent of the respondents had ever had sex (manual/oral/anal) with a male partner. Most respondents who had sex with men said they were about 20 years old when they first experienced it.

Interpersonal Communication on HIV/AIDS, STIs and Condom Usage

- In general, interpersonal communication on HIV/AIDS and STIs and on condom usage was found to be low among the target group. Only 9 percent of the respondents had participated in any kind of awareness campaign on AIDS or STDs.

- About two in five respondents watched television regularly, listened to the radio, or read a newspaper.

- In all the three cities very few (1.3 percent) had received free check-ups for STIs or HIV/AIDS.

Services at a Male Clinic

- Most respondents (97 percent) stated that they would like to use the services of a male clinic if such a facility is opened. Regarding the kind of services that should be offered in such a clinic, they listed treatment for minor illnesses, screening for HIV, laboratory services, treatment for STIs, and family planning services.

- About two-thirds of the respondents were willing to pay for these services. More than 90 percent said that they would use HIV counselling services from these clinics, and 81 percent would use HIV testing services. About half of the respondents wanted HIV testing facilities to be free, and about half stated that they would come to these clinics for counselling on family planning.

Substance Use

- More than three-fifths of the respondents had consumed alcohol at least once. Among those who had ever had alcohol, daily consumption was low, with only 16 percent reporting that they consume alcohol every day.

- About 23 percent of the respondents had ever tried drugs, but the proportion was unequally distributed among the cities. As compared to Bokaro and Ranchi, where only about 5 and 15 percent respectively reported ever taking drugs, 48 percent in Jamshedpur had taken drugs some time in their lives.

- The most common drug consumed by the target group was Marijuana (Ganja) (87 percent), while the other commonly consumed drug was Bhang, used by around 46 percent.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The International Conference on Population and Development (ICPD) in Cairo in 1994 has helped to bring the focus on men, since it was realized that it was urgent for men to become involved in reproductive health education. Along with the HIV/AIDS epidemic and the increase in the incidence of sexually transmitted diseases worldwide, the repercussions of not involving men in reproductive health education and services are potentially dire for both sexes. In the past few years, this issue has received significant attention, and a larger focus has evolved in the treatment of men as individuals needing services and desiring a more collaborative, constructive role in reproductive health decision making and in family life.

The Indian Family Welfare Programme is largely focused on women, and female sterilization is aggressively promoted. According to the 1998-99 National Family Health Survey (NFHS-II), female sterilization was by far the most popular method. Thirty-four percent of currently married women were sterilized and another 2 percent reported that their husbands were sterilized. Female and male sterilization together accounted for 75 percent of contraceptive prevalence.

Men as well as women play key roles in reproductive health, including family planning, but somehow interest in programmes to reach men has waxed and waned over the past several decades. However, new information and understanding and new approaches promise to help men become full partners in better reproductive health. For male participation in family planning to be successful, men will have to be much more than simply direct users of contraceptives. In addition, more and more men are making reproductive decisions together with their wives. Such findings suggest that men's attitudes in regards to reproductive behaviour are ready to change.

Worldwide, health care providers and policy makers are recognizing the direct connection between men's and women's gender roles and their reproductive health. In many countries traditional male and female roles deter couples from discussing sexual matters, condone risky sexual behaviour, and ultimately lead to poor reproductive health among both men and women. There is no denying that gender has a powerful influence on reproductive decision making and behaviour. In India, as in many developing countries, men are the primary decision-makers about sexual activity, fertility and contraception. Little is known about the dynamics of couples' sexual and reproductive decision making or about how gender roles affect their decisions. However, it is clear that joint decision-making has to start with spousal communication. Research all over the world has consistently demonstrated that men and women who discuss family planning are more likely to use contraceptives, use it effectively, and have fewer children. With the current emphasis on male/female partnership, it is possible to achieve better spousal communication with a positive health outcome for all.

Enhancing men's partnership with women in regard to reproductive health benefits both men and women. The question today is no longer whether to involve men, but rather how to involve them. Providing information, education and communication (IEC) about reproductive and sexual health is key to gaining men's support and interest. Experience demonstrates that communication can change men's health behaviour for the better. Today many men are willing to participate in reproductive health activities. Men have expressed a desire to learn about family planning and there exists a large unmet need. Therefore reproductive health education programmes should reach out and provide men with the appropriate information.

Programmes need to address men's reproductive health issues, including sexually transmitted diseases (STDs), contraception, unwanted sex, and unintended pregnancies. There is also a need to assess what men know or do not know about sexual health and tailor information appropriately. Young men also need encouragement to delay sexual activities until they are better prepared to cope with their own and their partners' emotional and health needs. Finding ways to attract young men to reproductive health services is challenging because many are reluctant to seek help.

Programmes can reach more men when they are presented at places where men naturally congregate, such as the work place, social clubs or sporting events. Men feel comfortable in these places, form a ready audience, and may be more receptive to new information. Although condom promotion and sales have increased in response to the HIV/AIDS epidemic, the use of condoms falls far short of the need for them. Many men do not like condoms, however, because they interrupt sex and diminish pleasure. In many countries, social marketing has helped to make condoms widely available, and condoms are promoted both for family planning and for STD prevention.

In India, where decisions are made by men, addressing men’s needs for information and services is critical for improving reproductive and sexual health and family life. Innovative interventions such as informing men about HIV/AIDS and offering them medical services, particularly counselling and the treatment of STDs, can achieve better results.

STDs and HIV/AIDS certainly have a detrimental effect on the reproductive health of men and women. WHO reports that 15 per cent of the total disease burden worldwide is borne by STDs. UNAIDS and WHO estimates show that the number of people living with HIV/AIDS globally at the end of the year 2001 stood at 40 million. It is estimated that in 2001 about 7.1 million people were living with HIV/AIDS in Asia and the Pacific. During that year, the AIDS epidemic has claimed the lives of 4,35,000 people in the region. It has been estimated that nearly 3.97 million people in India were HIV-positive at the end of 2001. HIV infections have been reported from all states and union territories.

1.2 MALE INVOLVEMENT IN FAMILY PLANNING

The Indian Family Welfare Programme has tended to focus on women and on female sterilisation. The use of modern temporary family planning methods is limited among males in India.

However, there is a strong need to involve males in the family planning programme. According to Population Reports (1999), men have a "dominant" role in making decisions pertaining to female reproductive health, and they are more interested in family planning than was believed earlier. While a majority of men were aware of at least three family planning methods, correct knowledge about these methods was deficient. The challenge therefore is multiple. There is a need to increase awareness regarding family planning among males, to increase male participation in the programme and to address the needs of male reproductive health. Also male sexual behaviour has come into special focus with the spread of HIV/AIDS, as men are indulging in risky sexual behaviour, thereby becoming infected and acting as transmitters of the virus.

As a part of this study, we have attempted to understand knowledge, attitudes and practices regarding family planning and HIV/AIDS among truckers and cleaners/helpers in the three cities of Bokaro, Ranchi and Jamshedpur in Jharkhand.

1.3 INDIA'S RESPONSE TO THE AIDS CHALLENGE

A primary concern in studying the reproductive health of men is the control of HIV/AIDS through knowledge of sexual behaviour and contraceptive practices, and through analysis of the levels of awareness of modes of transmission and prevention of STDs and HIV/AIDS. In India, the first few cases of HIV infection were reported in 1986. The Government of India took serious note of the problem and initiated a series of important measures to tackle the epidemic. A high-powered National AIDS Committee was immediately constituted in 1986. In 1991 a "Strategic Plan for Prevention and Control of AIDS in India" was prepared for the five-year period 1992-1997, with support from the World Bank, the World Health Organization, and other international donor agencies. For combating the challenge of the HIV/AIDS epidemic effectively, the Government of India established the National AIDS Control Organisation (NACO) in 1992. International funding agencies and NGOs are also coming forward to combat this epidemic.

1.4 ABOUT JHARKHAND

The present State of Jharkhand was carved out of the existing Bihar state by the Parliamentary Reorganization Bill of 2 August 2000. It was declared the 28th State of India on 15 November 2000. It is an area with a rich tribal heritage, covering 74,677 sq. kms, with a total population of 298 lakhs, among which the tribal population alone is 60 lakhs. Currently, Jharkhand consists of 18 districts in the Chotanagpur and Santhal regions. The State boasts a large forest cover, primarily

concentrated in the Palamu region. It has 11 reserve forests with many protected animal species. However, Jharkhand's major source of wealth is minerals. The area (particularly the Chotanagpur region) is generously endowed with mineral wealth and natural resources – mica, iron, graphite, coal, limestone and granite are a few examples. The region has enormous potential for mineral-based industrialization, and as a result, some of the largest mining and natural resource-based industries are located here. TISCO originated in Jharkhand in 1907, and the town surrounding it has been renamed Tatanagar. Some of the other important industrial towns are Bokaro, Dhanbad, Ranchi, Jamshedpur and Ghatshila. Thus, truckers and associated cleaners and helpers are a common feature of these towns.

In terms of socio-economic indicators, the State is lagging behind most of the country. The literacy rate is low at 52 per cent, and female literacy is particularly low at 34 per cent. Poverty is rampant, and infrastructural development is low, with poor healthcare, communication and other basic services. The State has a weak agricultural base, and most of its food is currently being imported from other States, mostly Bihar.

The Jharkhand AIDS Prevention Consortium (JAPC) has been established in the State of Jharkhand since August 2002 for the prevention of HIV/AIDS, with technical assistance from the Centre for Development and Population Activities (CEDPA). Members of the consortium are from industries, NGOs, and the government, including the State AIDS Control Society. The consortium aims to increase the awareness of HIV/AIDS and of safe sexual behaviour among the general population and among key target groups, such as industrial workers and truckers and the cleaners/helpers working with them. Another aim is to provide integrated reproductive health services to men through the male clinics.

1.5 KABP STUDY ON MALE REPRODUCTIVE AND SEXUAL HEALTH IN JHARKHAND

As mentioned earlier, Jharkhand is one of the States in India that has a significant number of industries with major labour-oriented work. A floating population of industrial labourers, mining labourers and transport workers is found in the State. There is a higher chance of high-risk behaviour among this floating population group because of the time they spend away from their homes and families. The industrial cities of Bokaro, Dhanbad, Jamshedpur and Ranchi have a significant migratory population consisting of industrial labour and truck drivers and cleaners/helpers.

Large numbers of truck drivers come to the State due to the existence of a major highway network for industrial transportation. Two national highways pass through Jharkhand, besides significant state highways that connect each of the industrial cities. As a result of the loading and unloading of goods at most of the industrial sites, there is a continuous movement of trucks to and from the State. Truckers usually halt at eating-places within the city or on the highways (dhabas), for food and rest, or at petrol stations for refuelling. Truckers travel and remain away from home for a few days or a few weeks. Since they travel with one or two

male helpers/cleaners, it is also possible that they indulge in high-risk behaviour with them en route.

Prior to piloting male clinics in the three cities of Ranchi, Bokaro and Jamshedpur, JAPC and CEDPA decided to conduct research to learn about men's reproductive and sexual health knowledge and behaviour, services desired at health clinics, and willingness to pay for services. The responsibility was contracted to ORG Centre for Social Research (ORG CSR).

1.6 OBJECTIVES OF THE PRESENT STUDY

The objectives of the study were:

1. To determine knowledge, attitudes, behaviour and practices about reproductive and sexual health among truckers and cleaners/helpers.
2. To determine the level of HIV/AIDS awareness and practice of risky behaviours among truckers and cleaners/helpers.
3. To assess the services desired by truckers/helpers at the male clinic and their willingness to pay for the services.

The information generated through this study will help design information, education and communication (IEC) programmes and the targeted intervention for the prevention of HIV/AIDS in this group; it will also help set up male clinics in the selected industrial sites.

The present report provides the detailed findings of the baseline survey conducted in the three cities of Ranchi, Bokaro and Jamshedpur in Jharkhand among truckers and cleaners/helpers. The survey sought to find out these peoples' current knowledge, attitudes and behaviours with regard to male reproductive health including family planning, STIs, and HIV/AIDS. The methodology/sampling design of this baseline KABP study is discussed in Chapter II.

CHAPTER II: METHODOLOGY

This chapter presents an overview of the methodology and sampling design adopted at the state level for carrying out the baseline knowledge, attitudes, behaviour and practices (KABP) study on male reproductive health, STIs and HIV/AIDS among truckers and cleaners/helpers.

2.1 TARGET RESPONDENTS

The following respondent target groups were covered based on the prevention efforts that are planned for in the future.

Eligible respondents among truckers were defined as those engaged in the transport of goods through roadways from one place to another, e.g. truckers found at halting points. Cleaners/helpers were defined as those persons who travel with the truckers and are responsible for maintenance and other odd jobs.

2.2 DEVELOPMENT OF RESEARCH INSTRUMENT

The ORG Center for Social Research team developed a semi-structured questionnaire for the target group to collect all the necessary information. Some of the questions were those used for the National Behavioural Surveillance Survey (BSS) on HIV/AIDS among the general population; these questions have been widely tested across the world.

Sections on family planning and male clinics were added to the research instruments, as members of the Jharkhand AIDS Prevention Consortium (JAPC), were eager to find out – before initiating male clinics in the three cities -- about services desired by the truckers/cleaners and their willingness to pay for the services. The instruments were finalised in consultation with CEDPA and were translated into Hindi.

2.3 TRAINING OF FIELD TEAMS

Field personnel were selected by the three Regional Co-ordination Centres (RCCs) of the Jharkhand AIDS Prevention Consortium (JAPC) from the three cities of Bokaro, Ranchi and Jamshedpur. ORG CSR professionals carried out an intensive five-day training of supervisors and investigators in Ranchi from January 27–31, 2003. Issues discussed during the training included sex and sexuality, condom usage, STIs and HIV/AIDS, interviewing techniques, and a detailed questionnaire briefing. A one-day field visit during the training workshop provided useful insights to each investigator and supervisor about the approach and field methodology to be adopted for successfully carrying out the survey. Mock calls were also undertaken during the training.

2.4 FIELDWORK

Three teams, with one supervisor and four investigators each, were constituted for each city. Fieldwork was carried out in the three cities from February 1-7, 2003. The sample was drawn from four sites in Ranchi, three in Bokaro and Jamshedpur respectively. Field supervision and monitoring, including back checks, were done by KGVK.

2.5 SAMPLING PROCEDURE

For the KABP study JAPC, Krishi Gram Vikas Kendra (KGVK) and CEDPA selected the three cities of Ranchi, Bokaro and Jamshedpur. These cities are industrial towns and have a significant number of truckers (about 1000 to 1500 per day) coming in to service the factories and industries. The Regional Coordination Centers (RCCs) also pre-selected for each team the sites in these cities. In order to ensure optimum coverage, 10 sites across the three cities were covered. Sample coverage was proportionate to the size of the target group at the site. At the site level, the supervisor did the selection of all the respondents on a first-come-first-serve basis -- as the respondents were present at the site in a random manner. To avoid any duplication in responses, supervisors had kept a record of the truck number of the respondent, so that the trucker and cleaner/helper interviewed did not belong to the same truck -- in order to avoid similar awareness levels and behaviour patterns.

2.6 COVERAGE OF THE SURVEY AND ACHIEVED SAMPLE SIZES

About 300 samples were prepared for survey coverage from all three cities. A sample of 100 truckers /helpers per city was taken, in consideration of the minimum sample requirement for data analysis. Since there are no authentic data available about the helpers per truck, we assumed that approximately 50 % of truckers had cleaners.

Therefore the sample size for truckers and cleaners was worked out based on the following calculations:

$X + 1/2x = 100$ where x= truckers
Then x= 66.6 say 70 truckers
Therefore 30 helpers from each city.

It was proposed to cover 210 truckers and 90 helpers from the selected three cities under the survey. The following table presents coverage and sample sizes of target groups across the selected cities/towns covered in the State:

Sl. No	City	Truckers	Cleaners/ Helpers	Sample Size Covered
1.	Bokaro	72	27	99
2.	Jamshedpur	72	29	101
3.	Ranchi	69	30	99
Total		**213**	**86**	**299**

CHAPTER III: TRUCKERS AND CLEANERS/HELPERS – RESULTS AND DISCUSSION

3.1 BACKGROUND

Truckers and cleaners/helpers represent one of the key bridge population groups for any intervention project. They act as a bridge between high and low prevalence communities and geographical areas. Their contact with their families is not for a protracted period of time, but during these interactions they share common aspirations such as having children and leading a normal family life. However, the nature of their profession and the stresses associated with long periods of travel and being away from family for prolonged stretches of time can result in truckers and cleaners/helpers indulging in risky behaviour with regard to HIV/AIDS.

The KABP survey among truckers and cleaners/helpers thus had undertaken a detailed study of this population, in terms of their demographic profile, contraceptive practice, awareness of STD and HIV/AIDS, prevalence of STD among the truckers and cleaners/helpers, their treatment-seeking behaviour, their sexual behaviour and condom usage, besides other salient observations pertaining to their risk behaviour. Before initiating male clinics in the three cities, it was important to collect information about the services desired by this group and their willingness to pay for them. Each of these issues is discussed in detail in the ensuing sections. The discussion will present the overall scenario, as well as the inter-city variations.

3.2 RESPONDENTS' PROFILE

In the three cities of Jharkhand, a sample of 299 respondents was covered among the target population of truckers, cleaners/helpers. Out of the total sample of 99 respondents, each sample was from Bokaro and Ranchi, while 101 respondents were from Jamshedpur. The following sub-sections highlight the salient aspects of respondents' profiles.

3.2.1 Age Distribution

All respondents were asked to report their current age (at the time of the survey) in completed years. About three-fourths of the respondents were between the age group of 18-39, with the total mean age being 31.5 years and the total median age being 30 years. Respondents from Ranchi were on the whole older than those in the other two cities, with about one-fourth of this city's respondents over 40 years old. The age group of respondents ranged from 13 to 68 years. The youngest respondent at 13 came from Bokaro, while the oldest, who was 68 years old, came from Ranchi (Table 3.1).

3.2.2 Marital Status

A little less than three-fourths of the respondents reported that they were currently married. There was no significant difference among the cities in this proportion. However, about 6 per cent from Jamshedpur and 3 per cent from Bokaro were separated from their spouses or were widowers. Overall, about one-fourth of the respondents had never married (Table 3.1).

Table 3.1: Respondents' Profile (I)

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	99	101	99	299
Age Distribution (year)				
<18	**5.1**	**4.0**	**1.0**	**3.3**
18-29	**43.4**	**40.6**	**45.5**	**43.1**
30-39	**33.3**	**38.6**	**30.3**	**34.1**
40-49	**17.2**	**13.9**	**10.1**	**13.7**
>49	**1.0**	**3.0**	**13.1**	**5.7**
Mean	**30.5**	**31.2**	**32.7**	**31.5**
SD	**9.2**	**9.1**	**11.1**	**9.8**
Median	**30.0**	**30.0**	**30.0**	**30.0**
Age Range (min. to max.)	**13-56**	**16-65**	**16-68**	**13-68**
Marital Status				
Married	**70.7**	**71.3**	**71.7**	**71.2**
Unmarried	**26.3**	**22.8**	**28.3**	**25.8**
Others*	**3.0**	**5.9**	**–**	**3.0**
Educational Status				
Illiterate	**–**	**–**	**1.0**	**0.3**
Up to Grade IV	**21.2**	**23.8**	**20.2**	**21.7**
Grade V to Grade XII	**50.5**	**54.5**	**55.6**	**53.5**
Grade XII+	**28.3**	**21.8**	**23.2**	**24.4**
Main Occupation				
Trucker	**72.7**	**71.3**	**69.7**	**71.2**
Cleaner	**26.3**	**28.7**	**25.3**	**26.8**
Helper	**1.0**	**–**	**4.0**	**1.7**
Time in Present Occupation				
<1 year	–	–	–	–
1-5 years	**39.4**	**31.7**	**38.4**	**36.5**
6-10 years	**20.2**	**25.7**	**16.2**	**20.7**
10-15 years	**21.2**	**23.8**	**15.2**	**20.1**
>15 years	**19.2**	**18.8**	**30.3**	**22.7**

Base: All Respondents

* Others: Divorced/Separated/Deserted/Widower

3.2.3 Educational Attainment:

Overall, the respondents showed a moderate level of education, with slightly over half of them having studied between Grade V and Grade XII. About one-fourth had attained some technical or other educational qualification after their higher secondary levels. With the exception of Ranchi, where 1 per cent of the respondents were illiterate, all respondents from the other two cities had some level of formal schooling (Table 3.1).

3.2.4 Main Occupation and Time Spent in Present Occupation

Seven in ten respondents (71 per cent) reported trucking to be their main occupation. This was true for the city-wide sample as well. In each of the cities between 25 percent (in Ranchi) and 29 percent (in Jamshedpur) of the respondents stated that they were cleaners. Four per cent of respondents in Ranchi reported their main occupation to be helpers to truck drivers, while these constituted 1 percent in Bokaro. No respondent stated his occupation to be a helper in Jamshedpur (Table 3.1).

All respondents had spent at least a year in their present occupation. About 37 percent had been in their current occupation from one to five years. The percentage (32 percent) was slightly lower in Jamshedpur. However almost half of the respondents had been in their present jobs from six to 15 years (50 percent), compared with Bokaro (41 percent) or Ranchi (31 percent). Alternatively, a much larger proportion of the respondents in Ranchi (30 percent) had been in their current occupation for more than 15 years, than the proportion in Bokaro (19 percent) and Jamshedpur (19 percent) (Table 3.1).

Table 3.2 on respondents' profiles shows the residential backgrounds of the respondents, the distance they travelled on each trip, and the time they usually spent away from home per trip. A longer time and a greater distance spent away from home meant higher chances for indulging in risky sexual behaviour. Therefore, questions were also asked on truck halting points, which might serve as places for meeting sexual partners, and therefore as areas where information, education and communication programmes could be initiated.

3.2.5 Respondents' Residence (by State and Place)

Overall, around two-thirds of the respondents (64 per cent) were from Bihar and Jharkhand. This proportion of respondents (75 percent) was higher in Bokaro compared with the other two cities (61 per cent in Jamshedpur and 57 per cent in Ranchi). About one-fourth of the respondents in Ranchi reported their state of residence to be Uttar Pradesh, Madhya Pradesh or Punjab. In comparison, 17 percent in Bokaro and 19 percent in Jamshedpur came from these three states.

Most respondents (66 per cent) were originally from rural areas. However, around two-fifths of the respondents in Jamshedpur and Ranchi reported their place of

residence to be a city, compared with slightly over a fifth of respondents reporting the same in Bokaro (Table 3.2).

3.2.6 Average Distance Travelled

Respondents were asked what distance they travelled on average during one trip away from home both ways. Overall, most respondents travelled long distances of over 500 kms. Only about 12 per cent of the respondents in total travelled less than 500 kms per trip, possibly travelling within and around Jharkhand. More than half of the respondents from Ranchi (56 per cent) travelled over 2,000 kms on one trip, while for Jamshedpur nearly half (46.5 per cent) covered between 500 and 1,000 kms, and for Bokaro the proportion was more or less equally divided (about 33 per cent each) between those who covered 500–1,000 kms and those who travelled 1,000–2,000 kms per trip (Table 3.2).

Table 3.2: Respondents' Profile (II)

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	99	101	99	299
Respondents' Residence (by State)				
Bihar	**45.5**	**33.7**	**34.3**	**37.8**
Jharkhand	**29.3**	**27.7**	**22.2**	**26.4**
U.P.	**10.1**	**10.9**	**13.1**	**11.4**
M.P.	**1.0**	**6.9**	**5.1**	**4.3**
Punjab	**6.1**	**1.0**	**6.1**	**4.3**
Respondents' Residence (by Place)				
City	**22.2**	**39.6**	**40.4**	**34.1**
Village	**77.8**	**60.4**	**59.6**	**65.9**
Average Distance away from Home Travelled on One Trip				
<500 kms	**16.2**	**7.9**	**11.1**	**11.7**
500-1000 Kms	**33.3**	**46.5**	**17.2**	**32.4**
1000-2000 Kms	**32.3**	**31.7**	**16.2**	**26.8**
>2000 Kms	**18.2**	**13.9**	**55.6**	**29.1**
Average Time Spent away from Family				
1–2 weeks	**1.0**	**2.0**	**2.0**	**1.7**
3–4 weeks	**4.0**	**4.0**	**–**	**2.7**
5–16 weeks	**29.2**	**47.7**	**41.5**	**39.5**
17–28 weeks	**27.2**	**31.7**	**34.2**	31.0
> 28 weeks	**38.4**	**14.9**	**22.2**	25.1
Halting Points during Trips (multiple response)				
Dhabas (road side eating joint)	**94.9**	**94.1**	**96.0**	**95.0**
Petrol pump/ Service station	**87.9**	**82.2**	**87.9**	**86.0**
Tax check post	**72.7**	**31.7**	**47.5**	**50.5**
Loading/Unloading point	**90.9**	**73.3**	**61.6**	**75.3**
Others	**6.1**	**21.8**	**7.1**	**11.7**

Base: All Respondents

3.2.7 Average Time Spent away from Family

As a consequence of long distances travelled, a large proportion of respondents spent several months at a time away from home. Nearly 48 per cent of respondents in Jamshedpur and 42 per cent in Ranchi spent about two to four months away from home. In contrast, about 38 per cent of respondents in Bokaro spent six months or more away from home (Table 3.2).

3.2.8 Halting Points

Nearly all (95 per cent) of the respondents stated that their regular halting points were roadside eating joints (Dhabas). However, a large proportion of respondents (91 per cent) from Bokaro stated truck loading and unloading points or *mandis* to be their regular halts, compared with 73 per cent in Jamshedpur and 62 per cent in Ranchi. A similar proportion of respondents from all three cities (86 per cent) stated that they halted at petrol pumps or service stations. A much larger percentage (73 per cent) of the respondents from Bokaro than from the other cities, stated that they also halted at toll tax check posts (Table 3.2).

3.3 SUBSTANCE USE

This sub-section analyzes alcohol and drug consumption behaviour among the target group.

3.3.1 Alcohol consumption

Overall, around 64 percent of the respondents had consumed alcohol at least once, and this was consistent across all the cities. Among those who had ever had alcohol, daily consumption was low, with only 16 per cent reporting that they consumed alcohol every day. Weekly consumption was high in Jamshedpur (48 per cent), compared to the other cities, while about 42 per cent of respondents from Bokaro stated that they drank less than once a week. In Ranchi, about one-third of the respondents reported non-consumption in the last month or so. In contrast, only about 6 per cent of respondents in Jamshedpur had not had a drink in the month before the survey (Table 3.3).

Habitual alcohol consumption before sex was quite low (10 per cent). About a third of the respondents from each city reported that they sometimes drank before sex, while half of the respondents stated that they never drank before indulging in sexual behaviour. This proportion was higher for Bokaro (60 per cent) and Ranchi (56.5 per cent) than for Jamshedpur (Table 3.3).

Table 3.3: Substance Use

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	99	101	99	299
Ever had alcohol	**60.6**	**68.3**	**62.6**	**63.9**
Frequency of having alcohol*				
Everyday	**16.7**	**15.9**	**14.5**	**15.7**
At least once a week	**26.7**	**47.8**	**30.6**	**35.6**
Less than once a week	**41.7**	**30.4**	**22.6**	**31.4**
Did not drink in last 4 weeks	**11.7**	**5.8**	**30.6**	**15.7**
Frequency of having alcohol before sex*				
Always	**13.3**	**7.2**	**9.7**	**9.9**
Sometimes	**21.7**	**33.3**	**29.0**	**28.3**
Rarely	**1.7**	**21.7**	**1.6**	**8.9**
Never	**60.0**	**34.8**	**56.5**	**49.7**
Ever Tried Any Drug	**5.1**	**47.5**	**15.2**	**22.7**
Drugs tried**				
Cannabis (Charas)	**–**	**8.3**	**–**	**5.9**
Marijuana (Ganja)	**80.0**	**97.9**	**53.3**	**86.8**
Bhang	**40.0**	**47.9**	**40.0**	**45.6**
Opium	**20.0**	**6.3**	**33.3**	**13.2**
Brown Sugar	–	–	–	–
Heroin	–	**2.1**	–	**1.5**
Ever Injected Any Drug**	–	**6.3**	–	**4.4**

Base: All Respondents

*Base: Those respondents who ever had alcohol

**Base: Those respondents who ever tried any drug

3.3.2 Drug Use

About 23 percent of the respondents had ever tried drugs, but the proportion was unequally distributed among the cities. As compared to Bokaro, where only about 5 percent reported ever taking drugs, and Ranchi, where about 15 percent had tried drugs, a huge 48 percent of the respondents in Jamshedpur had taken drugs some time in their lives. This shows a higher practice of drug use among truckers and cleaners/helpers in this city, as compared to the other sampled cities. The most common drug consumed by the target group was Marijuana (Ganja) (87 percent), while the other commonly consumed drug was Bhang, used by 45.6 percent. Again, Marijuana (Ganja) and Bhang consumption were higher in Jamshedpur (98 and 48 percent respectively), compared to the other cities. Opium consumption on the other hand was higher in Ranchi and Bokaro than in

Jamshedpur. However, other addictive and harmful drugs like Cannabis (Charas) and Heroin, which were not consumed by respondents in Ranchi and Bokaro, were taken by a small percentage of respondents in Jamshedpur. Among respondents who had ever tried any drug, 6 percent of the respondents from Jamshedpur reported injecting drug use, compared with none of the respondents in the other two cities (Table 3.3).

3.4 AWARENESS OF HIV/AIDS

This sub-section tries to gauge the level of awareness about HIV/AIDS, its various symptoms, methods of transmission and prevention, and also knowledge about HIV testing facilities in the area. This sub-section indicates the gaps in knowledge that can provide pointers for further intervention and for IEC programmes.

3.4.1 Awareness of HIV/AIDS, Prevention and Incurability

Overall, awareness of HIV/AIDS among the respondents was 86 percent. A slightly higher percentage had heard of HIV/AIDS in Ranchi (90 percent), as compared to respondents in Bokaro and Jamshedpur. However, just over half of the respondents knew that AIDS could be prevented, with a higher awareness in Bokaro and Ranchi than in Jamshedpur. Another surprising finding was that very few respondents knew that AIDS was incurable. Only a fifth of the respondents (21 percent) were aware that HIV/AIDS was incurable, with the rate of this awareness being the lowest in Bokaro, at only 17 percent (Table 3.4).

3.4.2 Different Modes of Transmission and Prevention

Awareness of the different modes of transmission of HIV/AIDS was high among respondents, with more than three-fourths of respondents in each city reporting that HIV was transmitted through sexual contact. More than three-fourths also knew that the virus passes through blood during transfusions, and awareness was highest in Ranchi (84 percent). Knowledge of transmission through needle sharing was slightly lower at 73 percent, being highest in Ranchi and lowest in Bokaro. Overall, awareness of vertical transmission (from pregnant mother to her unborn child) was low (69 percent), but was significantly higher in Ranchi (89 percent), compared to Bokaro (62 percent), and Jamshedpur (60 percent). Knowledge of transmission through breast-feeding was lower still, with just about a half (54 percent) of the respondents aware of this mode of transmission. Overall, awareness levels of modes of transmission were highest in Ranchi compared with Jamshedpur and Bokaro (Table 3.4).

Overall, knowledge about modes of prevention was lower than that about modes of transmission -- showing a greater need for intervention in these areas. Knowledge about preventing AIDS through consistent condom use, by having one faithful uninfected partner, and through sexual abstinence, was lower in Bokaro than in the other two cities. Awareness about the first two methods of

prevention was also considerably lower in Bokaro (38 percent) than in Jamshedpur and Ranchi (51 percent in each case). Comparatively, knowledge of prevention through sexual abstinence was higher among respondents (74 percent) than of other modes of prevention, including consistent condom use (64 percent) or having one faithful uninfected sexual partner (59 percent) (Table 3.4).

Table 3.4: Awareness of HIV/AIDS

(Figures in %)

(Figures in %) **Details**	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	99	101	99	299
Ever heard of HIV/AIDS	83.8	84.2	89.9	86.0
Aware that HIV/ AIDS can be prevented	61.6	47.5	59.6	56.2
Correctly aware that no cure for HIV/AIDS patient	17.2	26.7	20.2	21.4
Awareness of Different Modes of HIV Transmission				
Transmission through sexual contact	75.8	76.2	81.8	77.9
Transmission through blood transfusion	73.7	71.3	83.8	76.3
Transmission through needle sharing	65.7	66.3	85.9	72.6
Vertical transmission (mother to child)	61.6	60.4	83.8	68.6
Transmission through breast feeding	57.6	44.6	60.6	54.2
Awareness of Different Methods of Prevention				
Prevention through consistent condom use	59.6	65.3	66.7	63.9
Prevention by having one faithful uninfected sex partner	48.5	64.4	63.6	58.9
Prevention through sexual abstinence	61.4	81.2	78.7	73.9
Knowing the first two methods of prevention	38.4	50.5	50.5	46.5
Correct Knowledge about HIV Transmission				
Aware that HIV cannot be transmitted though sharing meal	63.6	58.4	60.6	60.9
Aware that HIV cannot be transmitted through mosquito bites	43.4	62.4	34.3	46.8
Aware that a healthy looking person can transmit HIV	34.3	33.7	49.5	39.1
Knowing all three issues correctly	4.0	12.9	8.1	8.4
Testing facility				
Aware of facility around place of interview	6.1	4.0	9.1	6.4
Aware of facility around other place	19.2	15.8	26.3	20.4
Confidential HIV test possible if facility is open	63.6	47.5	73.7	61.5

Base: All Respondents

3.4.3 Correct Knowledge about HIV Transmission

About three-fifths of the respondents (61 percent) were correctly aware that HIV cannot be transmitted though sharing meals with an infected person. The proportion was similar for all the cities. In contrast, there was a significant difference among the three cities in terms of their awareness that HIV cannot be transmitted through mosquito bites. Whereas more than three-fifths in Jamshedpur were correctly aware that HIV does not transmit through mosquito bites, only about 43 and 34 percent in Bokaro and Ranchi respectively were aware of it. Overall, only about two-fifths were aware that a healthy-looking person could be infected with HIV. Awareness of all three issues was also quite low, with only 4 percent of respondents in Bokaro compared to 13 percent of respondents in Jamshedpur being correctly aware of the following three facts: that HIV cannot be transmitted though sharing meals with an infected person, or through mosquito bites, and that a healthy-looking person can be infected with HIV. Overall, only 8 percent of the respondents had correct knowledge about the above three issues regarding HIV transmission (Table 3.4).

3.4.4 Testing Facility

Few respondents (6%) were aware of HIV testing facilities around the place of interview. However, about one-fifth knew of some HIV testing clinic in other areas. More respondents in Ranchi knew of such clinics than did those in the other cities. Most people (61.5 percent) agreed that in case such facilities were open, it would be possible to have a confidential HIV test done there. But over half of the respondents from Jamshedpur felt that it would not be possible to keep the results of the tests confidential (Table 3.4).

3.5 Awareness of Sexually Transmitted Diseases (STDs)

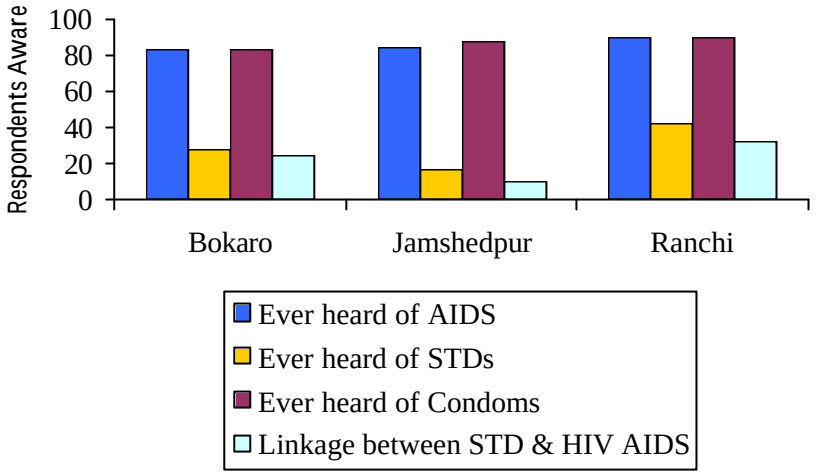
Respondents were questioned on their level of awareness of STDs, the common symptoms of STDs in men and women, their own STD afflictions, STD symptoms that they chose to reveal, the kind of treatment undertaken and the kind of treatment preferred in case of future episodes. These questions were asked to find out the prevalence of STDs among the target group, based on their reported symptoms, and therefore to find out the degree of risk that the group faced in regards to HIV infection. The aim was also to promote better treatment facilities at clinics and hospitals (Table 3.5).

3.5.1 Awareness of Symptoms of STDs, Linkages between STD and HIV/AIDS

Overall, awareness of STD symptoms was found to be low (29 percent) among respondents. It was lowest in Jamshedpur, where only about 17 percent had heard of STD symptoms, while it was highest in Ranchi at 42 percent. This shows the need for awareness generation in all three cities, especially in Bokaro and Jamshedpur. Around a fifth of all respondents were aware of the linkage between

STD and HIV/AIDS. Awareness was lowest in Jamshedpur at only 10 percent, while it was considerably higher in Ranchi at 32 percent (Table 3.5).

Awareness Levels among Target Group



3.5.2 Awareness of STD Symptoms in Women and Men

Genital discharge and genital ulcers/sores were considered to be common symptoms of STDs in men and women. Awareness of common STD symptoms was quite low among respondents, with a higher proportion of respondents aware of STD symptoms in men (17 percent) than in women (4.4 percent). Awareness was particularly low in Jamshedpur, where only 2 percent of respondents knew of STD symptoms in men (as compared to more than 23 percent in Bokaro and 26 percent in Ranchi) and no one knew of any symptoms in women (as compared to 6 percent in Bokaro and 10 percent in Ranchi) (Table 3.5).

3.5.3 Prevalence of STD Based on Self-reported Symptoms

Respondents considered to have STD symptoms were those who reported genital discharge, genital ulcer/sore or both discharge and sore in the year prior to the survey. Prevalence of STD symptoms was found to be low among respondents, with about 6 percent reporting genital discharge and genital ulcers/sores in the last year. About 8 percent had genital discharge or ulcers/sores in the 12 months before the survey. STD cases were reported to be least prevalent in Jamshedpur (6%) (Table 3.5).

Prevalence of STD Symptoms

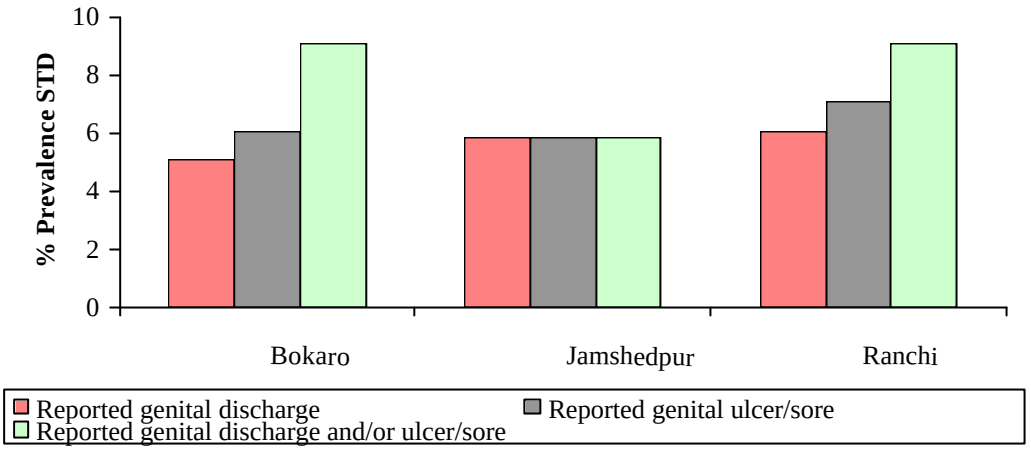


Table 3.5: Awareness of STDs, Prevalence of STD Symptoms and Treatment -seeking Behaviour

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Ever heard of STD	28.3	16.8	42.4	29.1
Aware of linkages between STD and HIV/AIDS*	25.3	9.9	32.3	22.4
Aware of common STD symptoms in WOMEN*	6.0	–	10.1	4.4
Aware of common STD symptoms in MEN*	23.2	2.0	26.3	17.0
STD Prevalence (self reported)				
Reported genital discharge in last 12 months	5.1	5.9	6.1	5.7
Reported genital ulcer/sore in last 12 months	6.1	5.9	7.1	6.4
Reported genital discharge and/ or genital ulcer/sore in last 12 months	9.1	5.9	9.1	8.0
Source of Treatment During the Last Episode*				
Pvt. Clinic/ hospital	40.0	–	55.6	36.0
Govt. Health centre	10.0	–	–	4.0
Took medicine at home	–	–	22.2	8.0
Purchased medicine from pharmacy	10.0	–	11.1	8.0
Borrowed prescription	10.0	–	-	4.0
Went to traditional healer	10.0	16.7	-	8.0
No treatment	20.0	83.3	11.1	32.0
Source of Treatment Preferred for Future Episodes				
Govt. Health centre /hospital	43.4	30.7	57.6	43.8
Pvt. Clinic/hospital	49.5	56.4	41.4	49.2

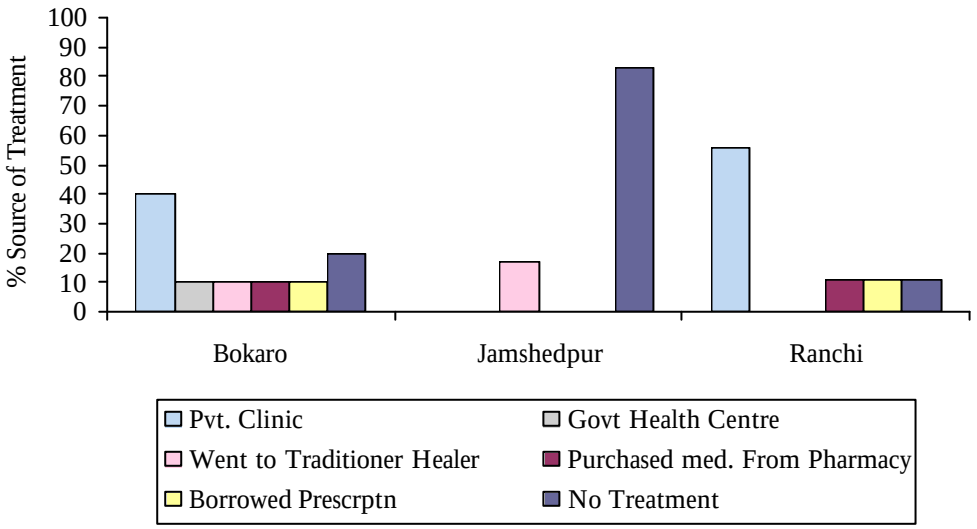
Base: All respondents

*Those respondents who suffered from any STD symptom in the last 12 months.

3.5.4 Source of Treatment and Preferred Treatment Methods

Among those respondents who reported having STD symptoms in the past year, most (36 percent) stated that they undertook treatment in private health facilities or clinics. However, there were wide variations among the cities in terms of respondents' responses. Whereas more than half of the respondents in Ranchi (56 percent) and two-fifths in Bokaro (22 percent) reported treating themselves for STDs in private facilities, no respondent from Jamshedpur claimed to have done so. In fact, a majority of respondents in this city (83 percent) had not undertaken any kind of treatment for their afflictions, whereas non-treatment rates for Ranchi and Bokaro were much lower. In Bokaro and Jamshedpur, some of the respondents reported still using treatment of traditional healers. Respondents reported a low rate of attendance for treatment at government health facilities, despite free check-ups. Of all respondents from the three cities with STD problems, only one in ten respondents from Bokaro had attended government clinics (Table 3.5). The need to seek early treatment should be emphasized in the IEC campaign, especially in Jamshedpur.

Source of Treatment During Last Episode of STD



Despite the fact that no respondents from Ranchi had attended government clinics for their problems, more than half reported that they would prefer to visit these clinics in case of future cases of STDs. However, a greater percentage of people from Bokaro (50 percent) and Jamshedpur (56 percent) than from Ranchi (41 percent) preferred to visit private facilities for future treatments (Table 3.5).

3.6 CONDOM AWARENESS

Overall, most respondents (87 percent) had heard of or seen a condom. Awareness was higher in Ranchi and Jamshedpur than in Bokaro. Among those respondents who were aware of condoms, most of them also knew that condoms were used for family planning or to avoid pregnancy, again with higher awareness in Ranchi at 88 percent and lowest in Bokaro at 75 percent. A cause for concern, however, is the low awareness of using condoms as a measure of preventing sexually transmitted infections. Only about 3 percent knew that condoms could be used to prevent sexually transmitted infections (STIs), with no respondent from Jamshedpur reporting any knowledge in this respect, while a slightly higher 10 percent of respondents were aware that condoms could be used to prevent HIV/AIDS. Surprisingly, awareness of AIDS prevention through condom use was very low in Ranchi (2.2 percent), and highest in Bokaro (18 percent) (Table 3.6).

Respondents were asked to relate the correct steps for using a condom and their spontaneous responses were recorded. Then the steps were read out to them and their prompted responses were recorded. Thus, there were both spontaneous and prompted responses to this question.

Most respondents (about half) knew without prompting that condoms had to be removed from the package. Only in Ranchi, however, did most respondents mention on their own that condoms had to be unrolled slightly before use. Again, more people in Jamshedpur than in the other cities could say on their own that the next step was to put the condom on the penis after erection. Very few people (about 7 percent) knew without being prompted, that the air had to be squeezed out of the tip of the condom before use. Even on prompting, only one-third of the respondents agreed that it was a correct step for using a condom. Prompted responses were higher in all cities for the next step as well, that of the process of inserting the penis with a condom on. Except for removing the condom from the penis after sex and then disposing the condom after use, all the other steps in between, like holding on to the condom while withdrawing, and withdrawing while still erect, got more responses when they were prompted, suggesting that these important steps might not be clearly known to most respondents (Table 3.6).

Table 3.6: Condom Awareness ***(Figures in %)***

Details	**Bokaro**		**Jamshedpur**		**Ranchi**		**Total**	
Total (N)	**99**		**101**		**99**		**299**	
Ever heard of or seen a condom	83.8		88.1		90.9		87.6	
Aware of Purpose of Condom Use*								
Avoiding pregnancy / FP	74.7		80.9		87.8		81.3	
STI prevention	2.4		–		7.8		3.4	
HIV/AIDS control	18.1		11.2		2.2		10.3	
Aware of Correct Steps for Using Condom*	S	P	S	P	S	P	S	P
Remove condom from package	55.4	31.3	75.3	22.5	47.8	34.4	59.	29.4

Details	Bokaro		Jamshedpur		Ranchi		Total	
Total (N)	**99**		**101**		**99**		**299**	
Unroll condom slightly to make sure it unrolls properly	19.3	55.4	36.0	51.7	56.7	27.8	49.	35.1
Place condom on tip of erect penis	38.6	43.4	68.5	25.8	33.3	43.2	46.	37.0
Squeeze air out of tip of condom	10.8	54.2	6.7	14.6	4.4	31.1	7.3	32.8
Unroll condom down penis	25.3	53.0	18.0	44.9	27.8	47.8	23.	48.5
With condom on, insert penis for intercourse	32.5	50.6	33.7	39.3	27.8	50.0	31.	46.6
After ejaculation, hold to condom at base of penis while withdrawing penis	8.4	56.6	7.9	27.0	13.3	64.4	9.9	49.2
Withdraw while still erect	3.6	62.7	4.5	33.7	17.8	58.9	8.8	51.5
Remove condom from penis	44.6	41.0	39.3	38.2	36.7	45.6	40.	41.6
Tie it and dispose it	48.2	36.1	18.0	46.1	33.3	45.6	32.	42.7

Base: All respondents

3.7 CONDOM AVAILABILITY

Knowledge of places or persons from where condoms can be obtained, as well as the easy availability of condoms in terms of distance to be travelled, facilitates condom usage. For the HIV consortium members, it was also important to know the common sources of obtaining condoms by respondents, so that programmes on condom usage directed towards the target group could be more effective.

The top five responses received in terms of places/persons from whom condoms could be obtained were: pharmacy shops, ordinary shops, clinics, family planning clinics and sexual partners. The majority of respondents said that condoms were available in pharmacies (92 percent) and the next most common places were clinics (80 percent). About two-thirds of respondents in all the cities also said that condoms could be obtained from shops, with the proportion being higher in Ranchi (88 percent). Overall, two-thirds of respondents who have ever heard or seen a condom also knew that condoms were sold at family planning clinics. About three-fourths in Ranchi mentioned that condoms could be obtained from sexual partners. The percentage of those who mentioned sexual partners as a possible source was lowest in Jamshedpur at 45 percent (Table 3.7).

Most respondents who had ever seen or heard of a condom also obtained condoms from pharmacies (58 percent). A high proportion (60 percent) in Ranchi also

obtained condoms from ordinary shops, and about a third of the respondents bought condoms from clinics (Table 3.7).

Two-fifths of the respondents who had ever heard of or seen a condom needed to travel less than 15 minutes to get condoms. However, a significant proportion (20 percent) in Ranchi had to travel up to half an hour to obtain condoms, and about four percent travelled more than half an hour for the same (Table 3.7).

Table 3.7: Condom Availability and Accessibility to the Nearest Source

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Aware of Places/Persons from Where Condoms Are Available				
Pharmacy	86.7	95.5	93.3	92.0
Shop	72.3	70.8	87.8	77.1
Clinic	72.3	86.5	81.1	80.2
FP clinic	65.1	64.0	70.0	66.4
Sexual partner	57.8	44.9	73.3	58.8
Places/Persons from Where condoms Are Obtained				
Pharmacy	54.2	64.0	56.7	58.4
Shop	38.6	38.2	60.0	45.8
Clinic	21.7	36.0	30.0	29.4
FP clinic	9.6	25.8	14.4	16.8
Sexual partner	8.4	22.5	8.9	13.4
Reporting easy availability of condom	80.7	92.1	84.4	85.9
Accessibility of the Nearest Source from Place of Seeking Sex with Non-regular Partner				
<15 minutes	36.1	46.1	40.0	40.8
16 – 30 minutes	8.4	9.0	20.0	12.6
30+ minutes	–	2.2	4.4	2.3

Base: Respondents who have ever heard/seen a condom

3.8 SEXUAL BEHAVIOUR AND CONDOM USAGE (I)

The overall median age of respondents at first sex was 18 years. Respondents in Ranchi and Jamshedpur were only slightly older at 19 when they had sex for the first time.

About 8 percent of respondents reported consistent condom use with their regular sexual partners in the year before the survey. The proportion was especially low in Jamshedpur, where less than three percent used condoms with their regular partners (Table 3.8).

Consistent Condom Use with Sexual Partners

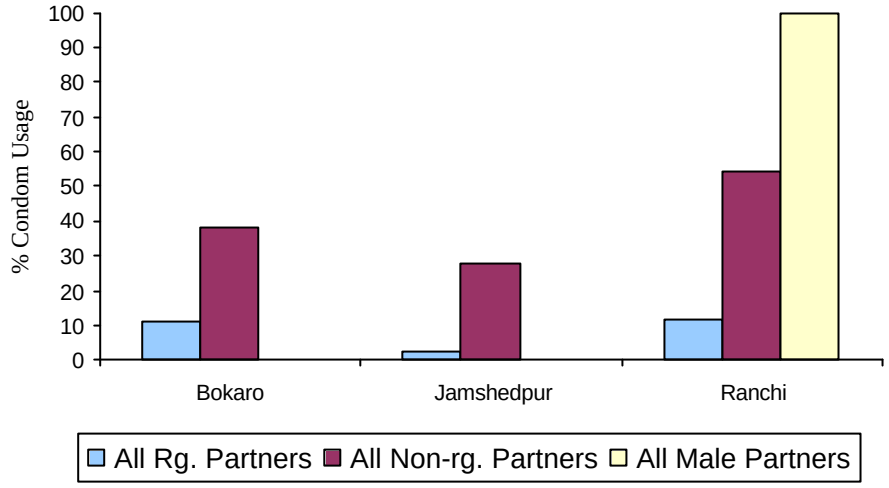


Table 3.8: Sexual Behaviour and Condom Usage (I)

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**66**	**73**	**71**	**210**
Median age at first sex*	18.0	19.0	19.0	19.0
Consistent condom use with regular sex partners in last 12 months**	11.1	2.6	11.8	8.1

*Those who ever had sex

**Those respondents who reported having sex with a regular partner in the last 12 months

3.9 SEXUAL BEHAVIOUR AND CONDOM USAGE (II)

3.9.1 Non-Regular Sexual Partners

Overall, nearly one-third of the respondents had sex with non-regular partners in the last year (28 percent). The percentage was higher in Jamshedpur (36 percent) than in the other cities. Of these respondents, about half had at least two to three partners (45 percent). In Bokaro, about a third of those who had sex with non-regular partners had more than five sexual partners (Table 3.9).

3.9.2 Type of Non-Regular Sexual Partner and Place of Non-regular Sex

The largest proportion of respondents who reported sex with a non-regular partner in the past year (about 80 percent) had non-regular sexual experiences with commercial sex workers. This was especially true for Jamshedpur, where almost all (97 percent) respondents had sex with commercial sex workers. The next largest proportion had sex with known females at halting points (28 percent). About 8 percent of respondents from Ranchi also had sex with cleaners or helpers (Table 3.9).

About 80 percent had sex outside their regular relationships while on travel, and this proportion was highest in Jamshedpur, where almost all (about 97 percent) respondents had non-regular sex while travelling. About one-third to one-fourth of the respondents in Bokaro and Ranchi had non-regular sex, even when they were not travelling, that is, when they were at home (Table 3.9).

3.9.3 Condom Use

About three-fifths of the respondents had used condoms at last sex with their non-regular partners -- with three-fourths of the respondents in Ranchi and less than half in Bokaro reporting this behaviour. Consistent condom use was reported by over a third of the respondents and was higher among respondents in Ranchi (54 percent) than among those in the other sampled cities. Consistent condom use was lowest in Jamshedpur at 28 percent. Bokaro recorded a moderate condom usage, with less than half reporting either consistent condom use or condom usage at last sex (Table 3.9).

Overall, over one-fifth of the respondents who did not use condoms at last sex did not do so because they did not find it necessary. Those who did not use condoms at last sex in Ranchi mostly reported that condoms were unavailable. Nearly 40 percent in Bokaro did not find it necessary to use condoms with their non-regular partners, while one-eighth of the respondents who had non-regular partners in Bokaro said that there was no time to procure a condom. And about one in ten in Ranchi stated that their partners objected to condom use (Table 3.9).

Table 3.9: Sexual Behaviour and Condom Usage - II

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Sex with non-regular partners in last 12 months*	26.3	35.6	24.2	28.8
Number of non-regular sex partners in the last 1 year**				
1	23.1	11.1	20.8	17.4
2-3	34.6	50.0	50.0	45.3
4-5	7.7	22.2	16.7	16.3
>5	30.8	11.1	4.2	15.1
Place of Non-regular Sex**				
During travel	73.1	97.2	66.7	81.4

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Not during travel	26.9	2.8	33.3	18.6
Type of Non-regular Sex Partner**				
Commercial sex worker	73.1	97.2	62.5	80.2
Known female at halting point	38.5	22.2	25.0	27.9
Cleaner/Helper	3.8	–	8.3	3.5
Other	–	2.8	20.8	7.0
Condom use at last sex with non-regular partners**	46.2	69.4	75.0	64.0
Consistent condom use with all non-regular sex partners in last 12 months**	38.5	27.8	54.2	38.4
Reasons for Not Using Condoms at Last Sex with Non-regular Partner (Top 5)***				
Not available	18.8	–	27.3	11.3
Did not find it necessary	37.5	15.4	18.2	22.6
Do not like condoms	12.5	3.8	–	5.7
There was no time	12.5	11.5	–	9.4
Partner objected	–	–	9.1	1.9

*Those who ever had sex
**Those respondents who reported having sex with a non-regular partner in the last 12 months
***Those respondents who reported not using condoms at last sex with non-regular partner

3.10 SEXUAL BEHAVIOUR AND CONDOM USAGE WITH MALE PARTNER

The study also attempted to understand the extent to which truckers engage in sex with male partners, and the precautions taken in case of such sexual encounters, which would determine their risk of being infected with STDs and HIV through male-to-male sex.

3.10.1 Sex with a Male Partner

Altogether, about 8 percent of the respondents had ever had sex (manual/oral/anal) with a male partner. The percentage was highest in Ranchi, where 14 percent reported such encounters, whereas it was 6 percent for Bokaro and 3 percent for Jamshedpur. Most respondents who had male-to-male sex said that they were about 20 years old when they first experienced it. They said that the age of their first partner was around 18 at that time. However, respondents from Bokaro were mostly younger (about 16 years) when they first had male-to-male sex and their first partner's age was also the same. In contrast, in Jamshedpur, most respondents had their first sexual experience with an older male sex partner, who was in his thirties (Table 3.10).

3.10.2 Type of Male Partner

Half of the respondents from Bokaro had a first-time male-to-male sex with a co-worker, while the other half had it with a friend. Those from Ranchi, on the other hand, mostly said that they had homosexual encounters for the first time with a neighbour or a friend. In Jamshedpur all respondents had a first-time homosexual experience with a commercial male partner. However, about 33 percent of these respondents in Jamshedpur also said that their first homosexual experience was a forced one. Those from Ranchi who had a forced experience (21 percent) could have been forced by their neighbours, co-workers or friends (Table 3.10).

3.10.3 Anal Sex and Condom Use

A large proportion of respondents who ever had sex with a male partner -- in Bokaro (67 percent) compared to the other cities (none in Jamshedpur and seven percent in Ranchi) -- had anal sex with male partners in the last year. Significantly, none of the respondents from Bokaro who had anal sex used condoms with their male partners at last sex, or used condoms consistently with their male partners. On the other hand, the small percentage of respondents from Ranchi who reported having anal sex, used condoms at last sex and used them consistently with their male partners (Table 3.10).

Table 3.10: Sexual Behaviour and Condom Usage with Male Partner

(Figures in %)

Details	**Bokaro**	**Jamshedpur**	**Ranchi**	**Total**
Total (N)	**99**	**101**	**99**	**299**
Ever had sex with male partner	6.1	3.0	14.1	7.7
Median age at first sex with male partner*	16.5	18.0	20.5	20.0
Median age of first sex partner*	16.0	32.0	18.0	18.0
Type of First Male Partner*				
Co-worker	50.0	–	21.4	26.1
Friend	50.0	–	28.6	30.4
Relative	–	–	7.1	4.3
Neighbour	–	–	35.7	21.7
Commercial partner	–	100.0	7.1	17.4
First Sexual Experience with Male Partner a Forced One*	16.7	33.3	21.4	21.7
Anal sex with any male partners in last 12 months*	66.7	–	7.1	21.7
Condom use at last sex with male partner**	–	–	100.0	20.0
Consistent condom use with all male sex partners in last 12 months**	–	–	100.0	20.0

Base: All respondents

*Those who ever had sex (manual/oral/anal) with male partner

**Those respondents who reported having anal sex with a male partner in the last 12 months

3.11 EXPOSURE TO THE MASS MEDIA AND TO INFORMATION, EDUCATION AND COMMUNICATION (IEC)

In order to find measures to improve IEC programmes, questions were asked of respondents on HIV/STI messages received through the mass media, campaigns organized for awareness generation, free medical check-ups given to these bridge groups etc. The responses received have been listed in Table 3.11.

3.11.1 Interpersonal Communication on HIV/AIDS/STIs and Condom Usage

In general, interpersonal communication on diseases such as HIV/AIDS and STIs, or on condom usage, was found to be low among the target group. It was higher in Ranchi than in the other two cities, where about 30 percent of respondents had received some form of interpersonal communication on HIV/AIDS or STIs, and about 34 percent on condom usage in the last year. Interpersonal intervention for this target group was found most lacking for Bokaro. Here only 11 percent had received some form of interpersonal message on these diseases and only about 15 percent had received the same on condom usage. Jamshedpur showed a slightly lower, but similar trend as Ranchi (Table 3.11).

3.11.2 Exposure to Mass Media

Regular exposure to the mass media was moderate among respondents. Slightly more respondents (43 percent) watched television regularly, than listened to the radio (41 per cent), or read the paper (42 percent). Exposure to the radio, television and newspapers was also higher in Ranchi and Jamshedpur, than in Bokaro. As high as 12 percent of the respondents from Bokaro had no exposure to any kind of mass media in the month before the survey, and therefore were not likely to have received messages relayed on HIV/AIDS or condom usage in the media (Table 3.11).

3.11.3 Participation in Awareness Campaigns and Free Check-ups

Participation in any kind of awareness campaign on AIDS or STDs was also quite low among respondents (9 percent). It was again highest for Ranchi at about 20 percent and lowest for Bokaro at 2 percent. In all the three cities, very few (1.3 percent) had received free check-ups for STIs or HIV/AIDS. All of those who had received such check-ups in Bokaro had received them from government clinics, while all such respondents in Jamshedpur had received them through NGO initiatives. Most respondents in Ranchi, on the other hand (67 percent), had received free check-ups from private concerns (Table 3.11).

3.11.4 Blood Donation Campaigns

About a tenth of all respondents had come across blood donation campaigns and donated blood voluntarily in campaigns. The percentage was higher in Ranchi, where about 20 percent had come across such campaigns and about 17 percent had donated blood (Table 3.11).

Table 3.11: Exposure to Mass Media and IEC

(figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Reporting interpersonal communication on STI/HIV/AIDS in last year	11.1	27.7	30.3	23.1
Reporting interpersonal communication on condom usage in last year	15.2	30.7	34.3	26.8
Listened to radio at least once a week in last month	29.3	37.6	54.6	40.5
Watched television at least once a week in last month	35.4	49.6	43.5	42.8
Read newspaper/magazine at least once a week in last month	39.4	44.6	42.4	42.1
No exposure to radio, television and newspaper/magazine in last month	12.1	2.0	2.0	5.4
Ever attended/participated in any campaign/meeting on STI/HIV/AIDS	2.0	4.0	20.2	8.7
Received free medical check-up for STI/ HIV/AIDS	1.0	1.0	2.0	1.3
Place of Treatment*				
Government facility	100.0	–	33.3	40.0
Private facility	–	–	66.7	40.0
NGO facility	–	100.0	–	20.0
Ever come across blood donation campaigns	9.1	3.0	20.2	10.7
Ever donated blood voluntarily	13.1	9.9	17.2	13.4

Base: All respondents

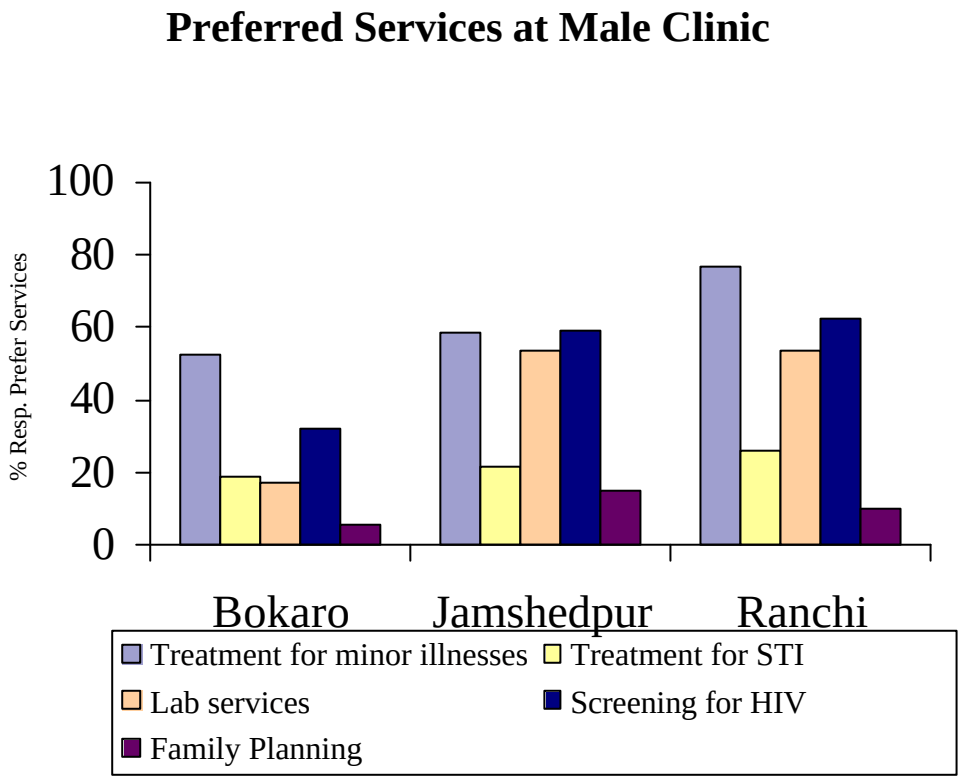
*Those respondents who received free medical check-up for STI/HIV/AIDS

3.12 SERVICES AT MALE CLINIC

Respondents were questioned on the likelihood of people attending a male clinic, if such a facility was opened in the area, and the kind of services they would prefer in such a clinic.

3.12.1 Services at Male Clinic

Most respondents (97 percent) stated that they would like to avail themselves of the services of a male clinic if such a facility is opened. The five top responses in regards to the kind of services that should be initiated were treatment for minor illnesses, screening for HIV, laboratory services, treatment for STIs and family planning services, in that order.



The largest proportion of respondents from Ranchi wanted treatment for minor illnesses in such clinics, while a large proportion from Ranchi also wanted HIV testing and laboratory services from these facilities. In Bokaro too, most respondents wanted treatment for ordinary ailments, and the next largest segment wanted HIV screening facilities. In Jamshedpur, however, the largest proportion wanted HIV testing facilities, while many respondents also wanted treatment for minor illnesses and laboratory services. In all the cities, about 20 percent of respondents also wanted STI-checking facilities. Family planning was probably seen as a female problem and given a low priority; it was wanted by about 10 percent of respondents.

3.12.2 Payment for Services at Male Clinic

About two-thirds of the respondents were willing to pay for these services. More than 90 percent said that they would avail themselves of HIV counselling services at these clinics. A larger proportion in total (81 percent) said that they would take advantage of HIV testing services in such clinics. About half of them also wanted HIV testing facilities to be free, and the proportion of such persons was highest in Jamshedpur (68 percent). About half of the respondents stated that they would come to these clinics for counselling on family planning. The proportion was lower in Bokaro, where about 35 percent said that they would go for family planning counselling services.

Table 3.12: Services and Willingness to Pay for Services at Male Clinic

(Figures in %)

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Would avail services of male clinic	94.9	96.0	99.0	96.7
Services to Be Provided at Clinic				
Treatment for minor illnesses	52.5	58.4	76.8	62.5
Treatment for STI	19.2	21.8	26.3	22.4
Lab services	17.2	53.5	53.5	41.5
Screening for HIV	32.3	59.4	62.6	51.5
Family planning	6.1	14.9	10.1	10.4
Willing to Pay for Services	77.8	64.4	80.8	74.2
Would avail HIV/AIDS counselling services if available	91.9	89.1	96.0	92.3
Would avail family planning counselling services	35.3	51.6	58.6	49.1
Would avail HIV/AIDS testing facilities	81.8	74.3	87.9	81.3
HIV testing facility should be free	45.5	68.3	38.4	50.8
Location of Male Clinic (Top 5)				
Highway/block road	22.200	44.6	20.2	29.1
At a convenient place for all	10.1	3.0	9.1	7.4
Near petrol pump	10.1	14.9	3.0	9.4
In the market	26.3	7.9	14.1	16.1
Outside town	15.2	–	4.0	6.4
Timing of Male Clinic				

Details	Bokaro	Jamshedpur	Ranchi	Total
Morning	45.5	51.5	49.5	48.8
Afternoon	33.3	26.7	22.2	27.4
Evening	8.1	8.9	27.3	14.7
Night	13.1	12.9	1.0	9.0

Base: All respondents

3.12.3 Location and Timing of Male Clinic

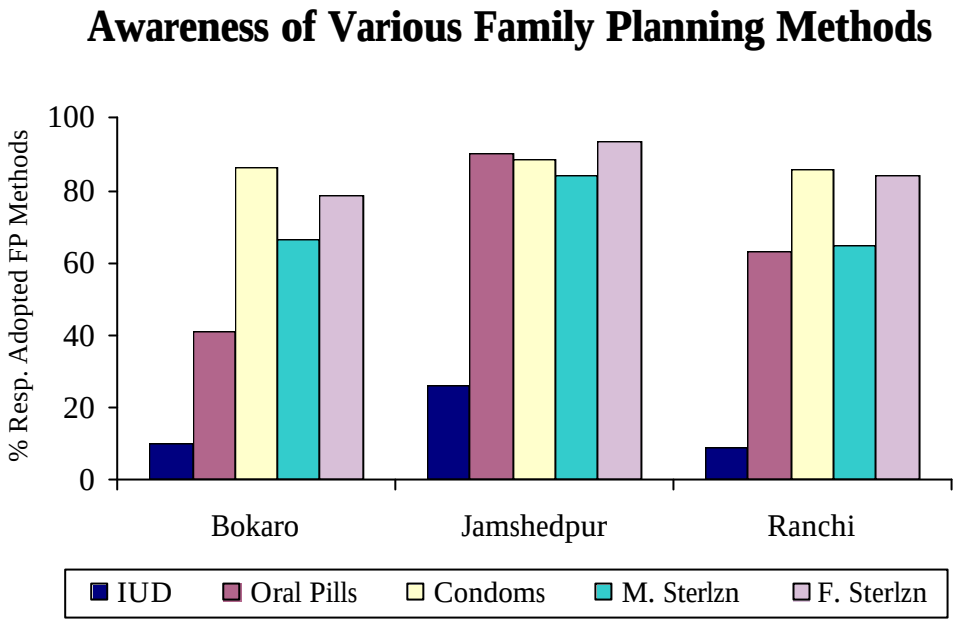
Most respondents felt that a suitable place for the location of a male clinic was a highway or a block road. This was especially true for those in Jamshedpur (45 percent). Others, especially respondents from Bokaro, wanted such clinics to be located in market places, near petrol pumps, outside the town, or some other place convenient for truck drivers (Table 3.12).

Nearly half of the respondents felt that such clinics should operate in the morning (49 percent). About 27 percent of respondents from all the cities felt that the afternoon could also be a convenient time, while a significant proportion from Ranchi (27 percent) wanted such clinics to be open in the evening. Very few respondents from Ranchi stated that they would like such facilities to be open at night (Table 3.12).

3.13 AWARENESS AND USAGE OF FAMILY PLANNING

3.13.1 Awareness of Methods of Family Planning

About 80 percent of the respondents had heard of family planning and the awareness was slightly higher in Ranchi and in Jamshedpur than in Bokaro. Among the methods of family planning known to respondents, the top five responses received were the use of condoms, female and male sterilization, oral pills and IUDs, in that order. However, there were variations among the cities in terms of awareness of each of these methods. In Bokaro, awareness of all methods was lower than in the other two cities, and the trends of responses were the same as the total average. In Jamshedpur, awareness was highest, where most respondents (over 90 percent) knew that female sterilization and usage of oral pills were methods of family planning. In Ranchi, condoms, and then female sterilization, were known to most respondents as methods of family planning. In general, awareness of IUDs as contraceptive devices was found to be low among respondents.



3.13.2 Usage of Family Planning Methods

Of those respondents who were aware of FP, more than half had ever used family planning methods. The proportion of those who had ever used any family planning methods was highest in Ranchi at 75 percent.

Of those respondents who had ever used family planning method, 91 percent of respondents were currently using some form of family planning method. The most common form of family planning ever used and being currently used among couples was female sterilisation, used by more than half of the respondents who had used FP methods at some point (56 percent). Female sterilisation as a method ever used was particularly high in Jamshedpur at 80 percent. The next most popular method of FP was condom usage. More respondents overall (nearly 40 percent) had used condoms as contraceptive at some time. Male sterilisation, birth control pills and the rhythm method were mentioned as the next most common FP methods currently being used and ever used by respondents. Intake of ever taking oral contraceptive pills was lowest in Jamshedpur at four percent, and no one from this city had ever used or was currently following the rhythm method (Table 3.13).

Among all those who had never used any FP method, the most prominent reason was their wanting a child (38 percent). In fact, more than three-fifths of respondents in Ranchi who have never used FP said that it was because they wanted a child. Wanting a child was also the reason given by most respondents in Bokaro for not using FP. More than a third in Ranchi and Bokaro specified that they wanted a son. In Jamshedpur, responses for non-use were more or less equally divided among wanting a child, wanting a son, ignorance of FP methods and not believing in FP. A few respondents worried about possible side effects of FP methods (Table 3.13).

Table 3.13: Awareness and Usage of Family Planning

(Figures in %)

Details	**Bokaro**		**Jamshedpur**		**Ranchi**		**Total**	
Base*	**70**		**72**		**71**		**213**	
Ever heard of family planning	72.9		86.1		80.3		79.8	
Methods of Family Planning (top 5)*								
Base (N) Ever heard of family planning	**51**		**62**		**57**		**170**	
IUD	9.8		25.8		8.8		15.3	
Oral pills	41.2		90.3		63.2		66.5	
Condoms	86.3		88.7		86.0		87.1	
Male sterilization	66.7		83.9		64.9		72.4	
Female sterilization	78.4		93.5		84.2		85.9	
Ever used family planning methods*	62.7		40.3		75.4		58.8	
Base (N) Ever Used Family Planning Method	**32**		**25**		**43**		**100**	
Currently using family planning methods**	96.9		88.0		88.4		91.0	
Methods used (top 5)	Ever used*	Currently using **	Ever used*	Currently using **	Ever used*	Currently using **	Ever used*	Currently using **
Condoms	43.8	40.6	28.0	4.0	39.5	37.2	38.0	35.0
Male steriln.	15.6	15.6	4.0	4.0	2.3	2.3	7.0	7.0
Female steriln.	37.5	37.5	80.0	68.0	55.8	51.2	56.0	51.0
Oral pills	15.6	12.5	4.0	4.0	14.0	14.0	12.0	11.0
Safe period	15.6	15.6	–	–	4.7	4.7	7.0	7.0
Reasons for Not Using FP (top 5)***								
Base (N) Not using FP	**19**		**36**		**13**		**68**	
Want a child	47.4		25.0		61.5		38.2	
Want a son	31.6		22.2		38.5		27.9	
Lack of knowledge	10.5		22.2		7.7		16.2	
Worry about side effects	–		16.7		23.1		13.2	

Details	Bokaro	Jamshedpur	Ranchi	Total
Base*	**70**	**72**	**71**	**213**
Don't believe in FP	–	22.2	–	11.8

Base: All currently married respondents
*Respondents who have ever heard of family planning
**Respondents who had ever used family planning
***Respondents who have never used any family planning method

3.14 OTHER SALIENT OBSERVATIONS

This sub-section deals with community acceptance of people living with HIV/AIDS (PLWHAs), as well as the respondents' awareness of such persons.

Overall, 14 percent of the target respondents knew someone who was infected with HIV. Nearly a fourth of respondents from Ranchi also knew people who had died of HIV/AIDS. In total, more than one-third felt that families would accept another member if s/he was infected with HIV, and about a fourth felt that the community would also accept such persons. More people in Bokaro than in the other two cities felt this.

Table 3.14: Other Salient Observations ***(Figures in %)***

Details	Bokaro	Jamshedpur	Ranchi	Total
Total (N)	**99**	**101**	**99**	**299**
Aware of someone who is infected with HIV/AIDS	15.2	14.9	13.1	14.4
Aware of someone who has died of HIV/AIDS	15.2	12.9	24.2	17.4
Community will allow HIV/AIDS patient to stay in village / locality	32.3	17.8	24.2	24.7
Family will accept other family member suffering from HIV/AIDS	46.5	22.8	34.3	34.4

Base: All respondents

3.15 AGE-WISE SEXUAL BEHAVIOUR OF TARGET GROUP

3.15.1 Non-Regular Partners

Analysis of data shows that more respondents in the age group of 18–39 had sex with non-regular partners. The highest proportion of respondents aged 25-29 years had sex with non-regular partners (46 percent). About 15 percent of respondents in their forties and six percent of respondents in the above-40 age group also had sex with non-regular partners.

The trend in terms of age and number of non-regular sexual partners shows that with increasing age, there are a fewer numbers of such partners. In the over-49

years age group, for example, of the 6 percent who had sex with others than their regular partners, all had only one non-regular partner. In the 35 to 39 age group, on the other hand, nearly two-thirds (65 percent) had at least 2–3 non-regular sexual partners, and in the 18–24 age group, more than half (56 percent) had 2-3 partners. However, in the 40-49 year age group, it was found that an equal proportion had between two and more than five partners in the year before the survey. The actual numbers of those who had multiple partners in this age category was likely to be quite low, since the 40–49 age group recorded a low percentage of truckers/cleaners/helpers engaged in sex with non-regular partners, compared to the younger age groups. That is, though only 10 percent in the 25–29 years age group had more than five non-regular sexual partners, while 33.3 per cent in the 40-49 age group had more than five partners -- the actual number of persons in the two age categories is likely to be similar (Table 3.15).

Condom Use with Non-Regular Partners

Significantly, no one in the age group below-18 years used condoms at last sex with their non-regular partners, though they had two or more such partners. On the other hand, all respondents who had non-regular partners in the over-49 year age group used condoms at last sex; consistent condom use with all their non-regular partners was reported by nearly two-fifths of them. Condom use at last sex was reported by 70 percent in the 30 to 39 age group, by 63 percent in the 18 to 29 age group and by 50 percent in the 40 to 49 group. Consistent condom use among these age groups was considerably lower, ranging between 30 and 40 percent (Table 3.15).

Table 3.15 Age-wise Break-up of Sexual Behaviour and Condom Usage

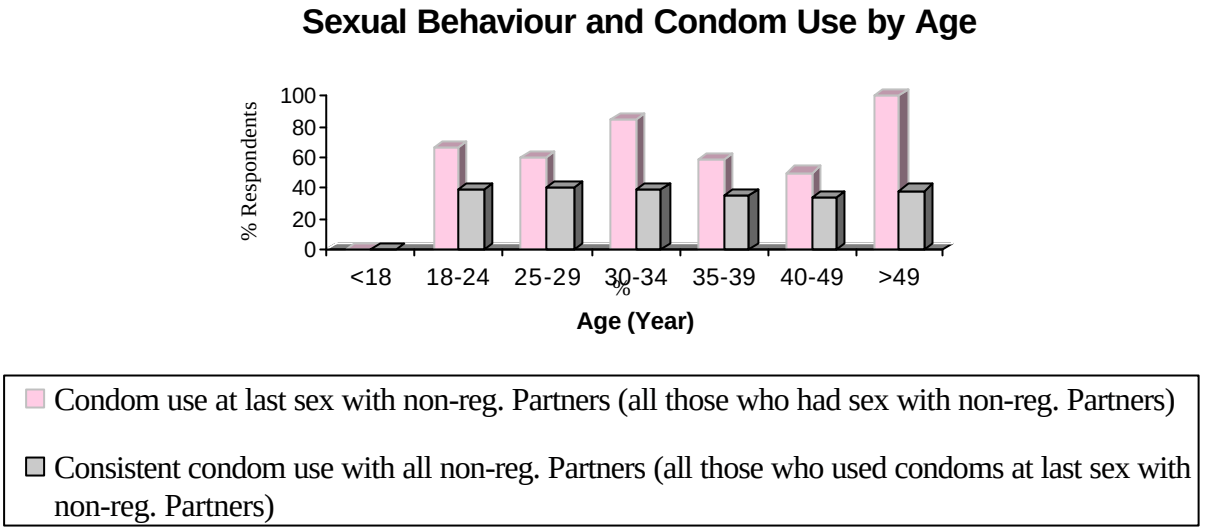
(Figures in %)

Details	**Age**						
	<18	**18-24**	**25-29**	**30-34**	**35-39**	**40-49**	**>49**
N	**10**	**64**	**65**	**51**	**51**	**41**	**17**
Sex with non-regular partners	10.0	28.1	46.2	25.5	33.3	14.6	5.9
Number of non-regular partners*							
1	–	11.1	26.7	7.7	17.6	–	100.0
2–3	100.0	55.6	30.0	46.2	64.7	33.3	–
4–5	–	16.7	20.0	15.4	5.9	33.3	–
>5	–	16.7	10.0	23.1	11.8	33.3	–
Condom use at last sex with non-regular partners*	–	66.7	60.0	84.6	58.8	50.0	100.0
Consistent condom use with all non-regular partners**	–	38.9	40.0	38.5	35.3	33.3	38.4

Base: All respondents

*Those who had sex with non-regular partners

**Those who used condoms at last sex with their non-regular partners



3.16 SEXUAL BEHAVIOUR AND MAIN OCCUPATION

Cross-tabulation of data on occupation and sexual behaviour revealed that similar proportions of truckers and cleaners/helpers engaged in non-regular sex (29 percent). Over half (52%) of the cleaners/helpers had 2-3 sexual partners on the whole, compared with 43 percent of truckers reporting the same.

A higher proportion of truckers reported condom use at last sex with a non-regular partner and consistent condom use with non-regular sex partners, compared with cleaners/helpers, indicating that interventions need to focus on the sexual and risk behaviour of the later group (Table 3.16).

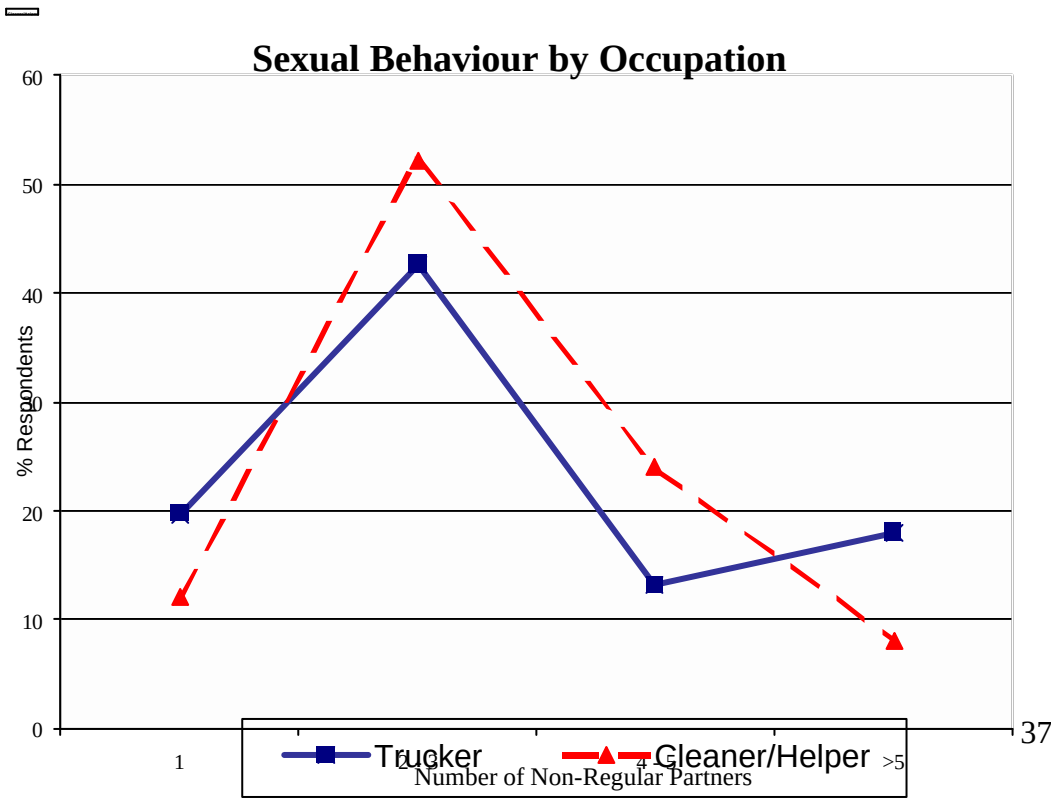


Table 3.16: Occupation-wise Break-up of Sexual Behaviour and Condom Usage

(Figures in %)

Details	**Main Occupation**	
	Trucker	**Cleaner/Helper**
N	**213**	**85**
Sex with non-regular partners	28.6	29.4
Number of non-regular partners*		
1	19.7	12.0
2–3	42.6	52.2
4–5	13.1	24.0
>5	18.0	8.0
Condom use at last sex with non-regular partners*	65.6	60.0
Consistent condom use with all non-regular partners**	39.3	36.0

Base: All respondents
*Those who had sex with non-regular partners
**Those who used condoms at last sex with non-regular partners

3.17 TIME SPENT AWAY FROM HOME AND SEXUAL BEHAVIOUR

Since most respondents reported having sex with non-regular partners during their travels, we tried to analyze whether the length of time spent away from their families affects the sexual behaviour of the target group. No respondent reported engaging in sex with non-regular partners when they spent only a week or a fortnight away from home. Nearly two-fifths of the respondents who were away for 5-6, 7-8 and 11-12 weeks had non-regular sex partners. About one-third each of respondents, however, had non-regular partners when they were away from home for 13 to 16 weeks, 9-10 weeks 17 to 28 weeks or for more than 28 weeks. These respondents mostly had two to three partners. All of the respondents who had non-regular sex when they were away for about a month also had two to three partners. All of them reported using condoms at last sex with these partners and consistently with all their non-regular partners.

Condom use during the most recent time they had had sex with a non-regular partner was high among those who spent 9 to 10 and 11 to 12 weeks away, at 88 and 86 percent respectively. Among those who spent 13 to 16 weeks away, last time condom use was 73 percent. Consistent condom use was reported by 64 and 43 percent by those who spent between 13 to 16 and 11 to 12 weeks traveling, respectively.

Table 3.17 Sexual Behaviour vis-à-vis Time Spent Away From Home

(Figures in %)

Details	**Time Spent Away (in weeks)**								
	1-2	**3-4**	**5-6**	**7-8**	**9-10**	**11-12**	**13-16**	**17-28**	**>28**
N	**5**	**8**	**7**	**21**	**28**	**17**	**45**	**93**	**75**
Sex with non-regular partners	-	12.5	42.9	38.1	28.6	41.2	24.4	28.0	29.3
Number of Non-regular Partners*									
1	-	-	33.3	25.0	-	14.3	18.2	19.2	18.2
2–3	-	100.0	33.3	25.0	62.5	85.7	36.4	38.5	45.5
4–5	-	-	-	25.0	25.0	-	18.2	23.1	9.1
>5	-	-	33.3	12.5	12.5	-	18.2	15.4	18.2
Condom use at last sex with non-regular partners*	-	100.0	66.7	50.0	87.5	85.7	72.7	61.5	50.0
Consistent condom use with all non-regular partners**	-	100.0	33.3	12.5	37.5	42.9	63.6	46.2	22.7

Base: All respondents

*Those who had sex with non-regular partners

**Those who used condoms at last sex with non-regular partners

CHAPTER IV: SUMMARY AND CONCLUSIONS

1. The baseline survey showed that the level of awareness regarding HIV/AIDS was quite high among both truckers and cleaners/helpers across all the three industrial cities of Ranchi, Jamshedpur and Bokaro in Jharkhand. More than 80 percent of all the respondents interviewed during the survey reported that they had heard of HIV/AIDS. However, the level of awareness regarding the prevention of HIV/AIDS was not so high among truckers and cleaners/helpers. Only 64 percent of them mentioned consistent condom use as a method of prevention, and 59 percent mentioned having sex with one faithful uninfected partner as a method of prevention.

2. More than 40 percent of truckers and cleaners/helpers had misconceptions on the mode of HIV/AIDS transmission. These included 'myths' such as transmission through mosquito bites and through the sharing of meals with an infected person.

3. Awareness of sexually transmitted diseases (STDs) and their common symptoms was particularly low among truckers and cleaners/helpers at 29 percent. A low proportion of respondents reported symptoms of an STD. Of these, most respondents went to a private clinic/hospital for treatment (36 percent), and a significant proportion did not go for any treatment (32 percent).

4. Overall, condom awareness among the truckers and cleaners/helpers was high. Around 88 percent had ever heard of or seen a condom. However, awareness that condom use could prevent sexually transmitted infections (STIs) and HIV/AIDS was low and this presents a challenging scenario for future intervention projects. Prompted awareness on correct steps for using a condom was low. Most respondents reported pharmacies as places where condoms were available and where they had obtained condoms.

5. The median age at first sex among the truckers and cleaners/helpers was 18 years. Over one-fourth of all respondents who ever had sex reported non-regular sex in the past year, and over two-fifths (45 percent) of them had 2-3 partners in the past year. For most of them their non-regular sex partner was a commercial sex worker. This indicated that truckers and cleaners/helpers become sexually active at a young age and are at risk of HIV transmission, since they have multiple partners.

6. Nearly two-thirds of the respondents used condoms at last sex with a non-regular partner and over one-third (38 percent) used condoms consistently in the last 12 months. The main reason for not using a condom was that one-fifth of those who did not use a condom at last sex did not think it necessary to do so.

7. A low proportion of respondents, less than a tenth, had ever had manual/oral/anal sex with a male partner. Of these, the median age at the time of initiation of sex with a male partner was 20 years. In Jamshedpur, the median age at the time of initiation was 18 years and the age of the first sex partner was much higher at 32 years. A third of these respondents reported their first sexual experience with a

male to be a forced one. However these figures should be read with caution because of the small number of cases.

8. Around 23 percent of truckers and cleaners/helpers had exposure to interpersonal communication on STD/HIV/AIDS in the past year before the survey. The proportion of respondents reporting attendance in any meeting or campaign on STD/HIV/AIDS during last one year prior to the survey was less than one tenth (9 percent). Overall exposure to the mass media at least once a week in the month before the survey was reported by around two-fifths of the respondents.

9. Almost all of the respondents reported that they would avail themselves of the services of a male clinic. Two-thirds reported that they would like services to include treatment for minor illnesses; half of the respondents wanted the clinic to provide HIV testing services. Around three-fourths were willing to pay for services at the male clinic. Over a fourth (29 percent) of the respondents felt that the male clinic should be located on the highway, and nearly half felt that the clinic's hours of operation should be in the morning. A significant proportion of respondents in Ranchi felt that the clinic's operating hours should be in the evening (27 percent).

10. Among married respondents, four-fifths had ever heard of family planning, but less than two-thirds had ever used any family planning method (59 percent). The most commonly used method was female sterilization by the partners of the respondents, followed by the use of condoms. The main reason for not using any family planning method by those who had never used any method was that they wanted a child (38 percent) and 28 per cent wanted a son.